

Child Wellness



State and School Employees' Life and Health Insurance Plan

Not Subject to Calendar Year Deductible • 100% of allowable for covered procedures
Payable only for Network Providers and for Blue Plan Providers (outside Mississippi)

AGE	PROCEDURE/FREQUENCY	CPT CODES ACCEPTED FOR EACH PROCEDURE
Birth to two (2) years	Preventive medicine evaluation, reevaluation, or office visits. Eleven (11) visits within the first twenty three (23) months of life. Two (2) visits per year for ages two (2) and three (3).	99381-99382: Initial preventive medicine evaluation 99391-99392: Periodic preventive medicine evaluation 99201-99205: Office or other outpatient services, new patient 99211-99215: Office or other outpatient services, established patient G0402: Initial Preventive Physical Examination Face to face visit, services limited. G0438: Annual Wellness Visit; includes a personalized prevention plan of service, initial visit G0439: Annual Wellness Visit; includes a personalized prevention plan of service, subsequent visit
	Hemoglobin, hematocrit, or CBC. For six (6) months to two (2) years with a maximum five (5) tests.	85018: Hemoglobin 85013-85014: Hematocrit 85025, 85027, 85032, 85041, G0306, G0307: CBC
	Urinalysis Two (2) procedures per year.	81000, 81001, 81002, 81003: Urinalysis
	Lipid Profile Includes Cholesterol, Serum, Total (82465) lipoprotein, Direct measurement, High density cholesterol (HDL Cholesterol) (83718) One (1) per calendar year beginning at age two (2).	80061
	Immunizations as described by Mississippi State Department of Health schedule and TB skin test.	36415-36416: Routine venipuncture See immunization codes below.

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	Dental Caries	D1203: Topical application of fluoride
	Gonorrhea Screening For newborns only	87081: Culture, presumptive, pathogenic organisms, screening only 87205: Smear, primary source with interpretation 87492: Infectious agent detection by nucleic acid (DNA or RNA) 87590-87591: Infectious agent detection by nucleic acid (DNA or RNA) 87800-87801: Infectious agent detection by nucleic acid (DNA or RNA) 87850: Infectious agent detection by Immunoassay with direct optical observation
	Hearing Loss Screening For newborns only	92585-92586: Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system 92587-92588: Evoked otoacoustic emissions
	Visual Impairment	92081-92083: Visual field exam 99172-99174: Visual acuity screening 92002: Ophthalmologic medical exam 92004: Ophthalmologic medical exam 92012: Ophthalmologic medical exam 92014: Ophthalmologic medical exam
Three (3) to Eleven (11) years	Preventive medicine evaluation, reevaluation, or office visit. Two (2) visits per year for ages two (2) and three (3). One (1) visit per year for ages four (4) through seventeen (17). Blood pressure One (1) procedure per year	99382-99383: Initial preventive medicine evaluation 99392-99393: Periodic preventive medicine reevaluation 99201-99205 Office new patient 99211-99215 Office established patient G0402: Initial preventive physical examination, face to face visit, services limited. G0438: Annual Wellness Visit; includes a personalized prevention plan of service, initial visit G0439: Annual Wellness Visit; includes a personalized prevention plan of service, subsequent visit
	Hemoglobin, hematocrit, or CBC. One (1) procedure per year.	85018: Hemoglobin 85013-85014: Hematocrit 385025, 85027, 85032, 85041, G0306, G0307: CBC
	Urinalysis 1 procedure per year	81000, 81001, 81002, 81003: Urinalysis

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	Lipid Profile Includes Cholesterol, Serum, Total (82465) lipoprotein, Direct measurement, High density cholesterol (HDL Cholesterol) (83718) One (1) per calendar year.	80061
	Glucose One (1) procedure per year (only for high-risk individuals) beginning at age three (3).	82947: Glucose, quantitative 82948: Glucose, blood, reagent strip 82950: Post glucose dose 82951: Tolerance test (GTT), three specimens 82962: Glucose, blood by glucose monitoring device(s)
	Immunizations as described by Mississippi State Department of Health schedule and TB skin test.	36415-36416: Routine venipuncture See immunization codes below.
	Dental Caries For ages birth (0) through four (4).	D1203: Topical application of fluoride
	Visual Impairment For ages birth (0) through four (4).	92081-92083: Visual field exam 99172-99174: Visual acuity screening 92002: Ophthalmologic medical exam 92004: Ophthalmologic medical exam 92012: Ophthalmologic medical exam 92014: Ophthalmologic medical exam
Twelve (12) to seventeen (17) years	Preventive medicine evaluation, reevaluation, or office visit. One (1) visit per year. If female, breast exam included if appropriate for stage of development One (1) procedure per year. Blood pressure One (1) procedure per year.	99384: Initial preventive medicine evaluation 99394: Periodic preventive medicine reevaluation 99201-99205: Office or other outpatient services, new patient 99211-99215: Office or other outpatient services, established patient G0402: Initial preventive physical examination, face to face visit, services limited. G0438: Annual Wellness Visit; includes a personalized prevention plan of service, initial visit G0439: Annual Wellness Visit; includes a personalized prevention plan of service, subsequent visit S0610-S0613: Annual Gynecological Examination

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	Hemoglobin, hematocrit, or CBC. One (1) procedure per year.	85018: Hemoglobin 85013-85014: Hematocrit 85025, 85027, 85032, 85041, G0306, G0307: CBC
	Urinalysis One (1) procedure per year.	81000, 81001, 81002, 81003: Urinalysis
	Immunizations as described by Mississippi State Department of Health schedule and TB skin test.	36415-36416: Routine venipuncture See immunization codes below.
	Pap smear and pelvic exam. One (1) procedure per year for sexually active females.	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175, G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148: Pap smear
	Lipid Profile Includes Cholesterol, Serum, Total (82465) lipoprotein, Direct measurement, High density cholesterol (HDL Cholesterol) (83718) One (1) per calendar year.	80061
	Glucose One (1) procedure per year for high-risk individuals only.	82947: Glucose, quantitative 82948: Glucose, blood, reagent strip 82950: Post glucose dose 82951: Tolerance test (GTT), three specimens 82962: Glucose, blood by glucose monitoring device(s)
	Gestational Diabetes Mellitus Screening Two (2) per pregnancy at the first prenatal visit and between twenty four (24) and twenty eight (28) weeks.	82947: Glucose, quantitative 82948: Glucose, blood, reagent strip 82950: Post glucose dose 82962: Glucose, blood by glucose monitoring device(s) 36415-36416: Routine venipuncture

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	Alcohol Misuse Screening and Behavioral Counseling Interventions	96150-96155: Health and behavior assessment and intervention 98960-98962: Education and training for patient self-management 90804-90808: Psychotherapy 99384 and 99394: Comprehensive preventive services 99401-99404: Preventive counseling 99408-99409: Alcohol abuse structured screening & brief intervention H0001: Alcohol and/or drug assessment H0004: Behavioral health counseling H0049: Alcohol and other drug screening H0050: Alcohol and/or Drug services
	Breastfeeding, Primary Care Interventions to Promote and Support Breastfeeding	99401-99404: Preventive medicine counseling/risk factor reduction 98960: Education and training for patient self-management
	Breastfeeding Equipment One manual breast pump per pregnancy	E0602: Breast pump, manual, any type
	Breastfeeding Supplies	A4281: Tubing for breast pump, replacement A4282: Adapter for breast pump, replacement A4283: Cap for breast pump bottle, replacement A4284: Breast shield and splash protector for use with breast pump, replacement A4285: Polycarbonate bottle for use with breast pump, replacement A4286: Locking ring for breast pump, replacement
	Chlamydial Infection Screening	87270: Infectious agent antigen detection by immunofluorescent technique 87320: Infectious agent antigen detection by enzyme immunoassay technique 87110: Chlamydia, culture, any source 87810: Infectious agent detection by immunoassay with direct optical observation 87490-87492: Infectious agent detection by nucleic acid 87800-87801: Infectious agent detection by nucleic acid, multiple organisms 86631-86632: Antibody; Chlamydia
	HIV Screening	86689: HTLV or HIV antibody, confirmatory test 86701: HIV-1 antibody 86702: HIV-2 antibody 86703: HIV-1 and HIV-2 antibody, single assay 87390: Infectious agent antigen detection by enzyme immunoassay 87534-87536: Infectious agent antigen detection by nucleic acid (DNA or RNA) S3645: HIV antibody testing of oral mucosal transudate

AGE	PROCEDURE/FREQUENCY	CPT CODES ACCEPTED FOR EACH PROCEDURE
	Sexually Transmitted Infections, Counseling	99401-99404: Preventive medicine counseling/risk factor reduction 99411: Preventive medicine counseling/risk factor reduction
	Syphilis Infection Screening	86592-86593: Syphilis test 86781: Antibody 87166: Dark Field examination 87164: Dark Field examination 87285: Treponema pallidum antigen
	Contraception Counseling and Coverage	J1055: Injection, medoxyprogesterone acetate/estradiol cypionate, 5mg/25mg J7303: Contraceptive supply, hormone containing vaginal ring, each J7304: Contraceptive supply, hormone, containing patch, each J7306: Levonorgestrel (contraceptive) implant system, including implants and supplies J7307: Etonogestrel *contraceptive) implant system, including implant and supplies 96372: Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
	Insertion of Intrauterine Device One (1) device and insertion every five (5) years.	58300: Insertion of intrauterine Device J7300: Intrauterine Copper Contraceptive J7302: Levonorgestrel – releasing intrauterine contraceptive system, 52mg S4989: Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies
	Inpatient/Outpatient Tubal Ligation	58565: Bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants 58600: Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral 58605: Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization 58611: Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery 58670: Laparoscopy, surgical; with fulguration of oviducts (with or without transection) 58671: Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip, or falope ring) 00851: Anesthesia, tubal ligation/transection

IMMUNIZATION CODES

CPT/HCPCS CODE	CODE DESCRIPTION
G0008	Administration of influenza virus vaccine
G0009	Administration of pneumococcal vaccine
G00010	Administration of hepatitis B vaccine
G9141	INFLUENZA A (H1N1)IMMUNIZATION ADMINISTRATION
Q2034	Influenza virus Vaccine, Split Virus, When administered to individuals 3 years of age or older, for intramuscular use (Agriflu)
Q2035	Influenza virus Vaccine, Split Virus, When administered to individuals 3 years of age or older, for intramuscular use (Afluria)
Q2036	Influenza virus Vaccine, Split Virus, When administered to individuals 3 years of age or older, for intramuscular use (Flulaval)
Q2037	Influenza virus Vaccine, Split Virus, When administered to individuals 3 years of age or older, for intramuscular use (Fluvirin)
Q2038	Influenza virus Vaccine, Split Virus, When administered to individuals 3 years of age or older, for intramuscular use (Fluzone)
Q2039	Influenza virus Vaccine, Split Virus, When administered to individuals 3 years of age or older, for intramuscular use (Not otherwise specified)
86580	Skin test; tuberculosis, intradermal
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first Vaccine/Toxoid Component
90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional Vaccine/Toxoid component (list separately in addition to code for primary procedure)
90471	Immunization administration; one vaccine
90472	Immunization administration; additional vaccine
90473	Immunization administration by intranasal or oral route; one vaccine
90474	Immunization administration; additional vaccine
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B, 2 dose schedule, for intramuscular use; Ages 10 – 25, limit of 3 doses annually
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B, 3 dose schedule, for intramuscular use; Ages 10 – 25, limit of 3 doses annually
90632	Hepatitis A vaccine, adult dosage, for intramuscular use

90633	Hepatitis A vaccine, pediatric/adolescent dosage-2; Dose schedule, for intramuscular use
90634	Hepatitis A vaccine, pediatric/adolescent dosage-3;Dose schedule, for intramuscular use
90636	Hepatitis A and Hepatitis B vaccine (HEPA-HEPB),Adult dosage, for intramuscular use
90644	Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza B vaccine (Hib-MenCY), 4 dose schedule, when administered to children 2-15 months of age, for intramuscular use
90645	Hemophilus Influenza B vaccine (HIB) HBOC conjugate (4 dose schedule), for intramuscular use
90646	Hemophilus Influenza B vaccine (HIB) PRP-D conjugate for booster use only, intramuscular use
90647	Hemophilus Influenza B vaccine (HIB) PRP-OMP conjugate (3 dose schedule), for intramuscular use
90648	Hemophilus Influenza B vaccine (HIB) PRP-T conjugate (4 dose schedule), for intramuscular use
90649	Human Papilloma Virus (HPV) vaccine, types 6, 11, 16, 18 (Quadrivalent), 3 dose schedule, for intramuscular use. Ages 9 thru 17 only. (Can have 96049 or 90650 – not both)
90650	Human Papillomavirus (HPV) vaccine, types 16 and 18, bivalent, 3 dose schedule, for intramuscular use – Ages 9 thru 17 only. (Can have 96049 or 90650 – not both)
90656	Influenza virus vaccine, split virus, preservative free, when administered to 3 years and older, for intramuscular use.
90657	Influenza virus vaccine, split virus, 6-35 months dosage, for intramuscular or jet injection use
90658	Influenza virus vaccine, split virus, 3 years and above dosage, for intramuscular or jet injection use
90660	Influenza virus vaccine, live, for intranasal use
90669	Pneumococcal conjugate vaccine, polyvalent, for intramuscular use (Prennar)
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use
90672	Influenza virus vaccine, quadrivalent, live, for intranasal use, ages 2-8 year (2 times per year); ages 9-49 (1 time per year)
90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use (Rotarix)
90685	Influenza virus vaccine, quadrivalent, split virus preservative free, ages 6-35 months, for intramuscular use (2 times per year)
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, ages 3-8 (2 times per year); ages 9-49 (1 time per year)
90687	Influenza virus vaccine, quadrivalent, split virus, ages 6-35 months, for intramuscular use (2 times per year)

90688	Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTAP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use (Kinrix)
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenza B and poliovirus vaccine, inactive (DTAP-HIB-IPV), for intramuscular use
90700	Diphtheria, tetanus toxins, and acellular pertussis vaccine (DTAP), for intramuscular use
90701	Diphtheria, tetanus toxins and whole cell pertussis vaccine (DPT), for intramuscular use
90702	Diphtheria, tetanus toxins (DT), absorbed for pediatric use, for intramuscular use
90703	Tetanus toxoid absorbed, for intramuscular or jet injection use
90704	Mumps virus vaccine, live, for subcutaneous or jet injection use
90705	Measles virus vaccine, live, for subcutaneous or jet injection use
90706	Rubella virus vaccine, live, for subcutaneous or jet injection use
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous or jet injection use
90708	Measles, and rubella virus vaccine, live, for subcutaneous or jet injection use
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
90712	poliovirus vaccine , (any type(s) (OPV), live, for oral use
90713	Poliomyelitis vaccine, inactivated, (IPV), for subcutaneous use
90714	Tetanus and diphtheria toxoids (TD) absorbed, preservative free, for use in individuals seven years or older, for intramuscular use
90715	Tetanus and diphtheria toxoids and acell pertussis vaccine (TDAP), seven years and above, for intramuscular use
90716	Varicella virus vaccine, live, for subcutaneous use
90718	Tetanus and diphtheria toxins (TD) absorbed for adult use, for intramuscular or jet injection
90719	Diphtheria toxoid, for intramuscular use
90720	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B
90721	Diphtheria, tetanus toxins, and acellular pertussis vaccine and Hemophilus influenza B vaccine (TAP-HIB), for intramuscular use
90723	Diphtheria, tetanus toxins, and acellular pertussis vaccine, hepatitis B, and Poliovirus vaccine, inactivated (DTAP-HEPB-IPV), for intramuscular use

90732	Pneumococcal polysaccharide vaccine, 23-valent, adult dosage, for subcutaneous or intramuscular use
90733	Meningococcal Polysaccharide vaccine (any group (s), for Subcutaneous use
90734	Meningococcal Conjugate vaccine, serogroups A, C, Y and W-135 (Tetravalent), for intramuscular use
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use
90743	Hepatitis B vaccine, adolescent (2 dose schedule) for intramuscular use
90744	Hepatitis B vaccine, pediatric/adolescent dosage, for intramuscular use
90746	Hepatitis B vaccine, adult dosage, for intramuscular use
90747	Hepatitis B vaccine, dialysis immunosuppressed patient dosage, for intramuscular use
90748	Hepatitis B and Hemophilus influenza B vaccine, (HEPB-HIB), for intramuscular use